

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

SMALL BUSINESS CORPORATIONS ("S" Corp) INFORMATION REPORT FOR CALENDAR YEAR 1999 DUE ON OR BEFORE MAY 1, 2000

DO NOT ATTACH TO RETURN

NAME OF "S" CORPORA	ATION		FEIN	
STREET ADDRESS				_
CITY, STATE, ZIP CODE			MAIL UNI	FILE WITH THE RETURN. DER SEPARATE COVER ESS BELOW.
	der Name and Address pshire Residents ONLY)	Shareholder Soc	ial Security Number	Amount of Distribution
		_	_	\$
		_	_	\$
		_	_	\$
				\$
during the calendar WHAT TO FILE: A Hampshire Interest 8 from accumulated pr	If additional space This report must be completed by every "S year, per RSA 77:17-a. ctual distributions from "S" corporations m & Dividends Tax law. "S" corporations are r ofits (as defined in RSA 77 and Rev. 901). leir Federal Schedule K-1.	" corporation which had to New Hampshequired to use this fo	has made actual distributions hire residents are taxable to horm to report such distribution	the individual recipient under New
WHEN TO FILE: Th	nis report is due on or before May 1 for the	preceding CALENDA	AR year.	
NEED HELP? Call the	e Audit Division at (603) 271-3400. For hearing	g or speech impaired i	ndividuals, call TDD Access: R	elay NH 1-800-735-2964.
•	perjury, I declare that I have examine son other than the taxpayer, this decla		•	•
FOR DRA USE ONLY				
	SIGNATURE OF OFFICER		SIGNATURE OF PAID PREPAREF	R OTHER THAN TAXPAYER
	TITLE	DATE	PREPARER'S IDENTIFICATION N	IUMBER DATE
	THIS FORM MUST BE MAILED UNDER PO BOX 457		PREPARER'S ADDRESS CITY/TOWN STATE AND ZIP COI	DE .
	SEPARATE CONCORD NH 03302-04	57	ST. I/TOWN STATE AND ZIF COL	